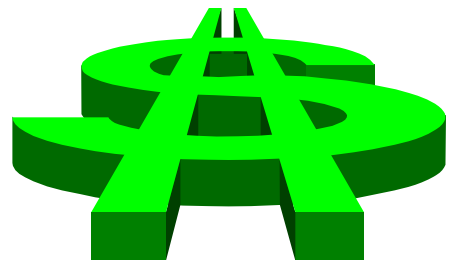
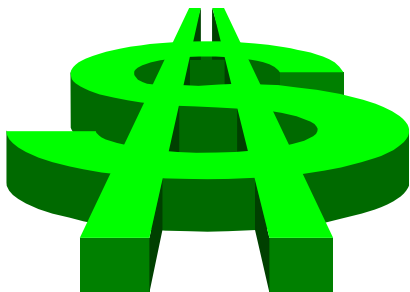


FINANCIAL READINESS



SELECTING A FINANCIAL INSTITUTION

SOME QUESTIONS YOU MAY WANT TO CONSIDER:

- ◆ **IS THE LOCATION CONVENIENT?**
- ◆ **MAY I BANK AT ANY BRANCH?**
- ◆ **HOW MUCH WILL I BE CHARGED FOR EACH ACCOUNT?**
- ◆ **WHAT ARE THE CUSTOMER SERVICES HOURS?**
- ◆ **IS THERE A TOLL FREE NUMBER IF I NEED ASSISTANCE?**
- ◆ **DO I HAVE ACCESS TO AN ATM?**

- ◆ **HOW MUCH DO I HAVE TO PAY FOR USE OF THE ATM?**
- ◆ **WHAT TYPE OF ACCOUNTS ARE AVAILABLE?**
- ◆ **IS MY MONEY INSURED WHEN DEPOSITED IN THIS FINANCIAL INSTITUTION?**
- ◆ **IF I HAVE DIRECT DEPOSIT, WHEN IS MY MONEY CREDITED TO MY ACCOUNT?**
- ◆ **IS THERE A MINIMUM BALANCE REQUIREMENT?**

DIRECTIONS

- A separate form must be completed for each type of payment to be sent by Direct Deposit

- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

A NAME OF PAYEE (<i>last, first, middleinitial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
ADDRESS (<i>street, route, P.O. box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
CITY	STATE	ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>		
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">TYPE</td> <td style="width: 30%;">AMOUNT</td> </tr> </table>		TYPE	AMOUNT
TYPE	AMOUNT				
C CLAIM OR PAYROLL ID NUMBER Prefix _____ Suffix _____		J JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.					
SIGNATURE	DATE	SIGNATURE	DATE		
SIGNATURE	DATE	SIGNATURE	DATE		

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER								CHECK DIGIT
		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	
		DEPOSITOR ACCOUNT TITLE								
<p align="center">FINANCIAL INSTITUTION CERTIFICATION</p> <p>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.</p>										
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE					TELEPHONE NUMBER		DATE	

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

GOVERNMENT AGENCY COPY

1199-206

E3

J UMPS - J SS PAY ELECTIONS

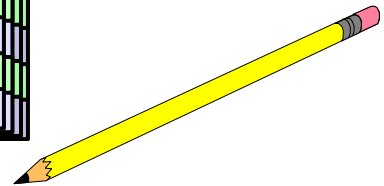
For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT**Authority:** Title 37 USC, Section 101.**Principal Purpose:** To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.
Routine Use: To establish the pay account of the MMPF.**Disclosure:** Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item.)		2. METHOD OF PAYMENT (X one item.)	
a. Once a Month		a. Sure Pay/Direct Deposit (Complete Section 4.)	
b. Twice a Month		b. Check to Address (Complete 5.)	
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)		b. SPECIFY AMOUNT	
a. If a held pay amount is also desired, check box and enter amount.		\$	
4. SURE PAY/DIRECT DEPOSIT (X one box.)			
a. SF 1199A attached (Complete items (1) through (5)).		b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)).	
(1) NAME OF FINANCIAL ORGANIZATION			
(2) SAVINGS OR CHECKING ACCOUNT NO		(3) NAME OF ACCOUNT HOLDER	
(4) STREET NO., RR NO., P.O. BOX		(5) CITY, STATE, ZIP CODE (Or Country)	
5. CHECK TO ADDRESS (Provide complete mailing address.)			
a. STREET NO., RR NO., P.O. BOX			
b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY
6. REMARKS			
7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.			
a. TYPED OR PRINTED NAME		e. NAME AND ADDRESS OF ORGANIZATION	
b. SSN			
c. SIGNATURE	d. DATE		

SOME CHECK WRITING RULES TO LIVE BY

•		•
•		•
•	29 SEP #2048 MAIN PX	200.00
•	BALANCE	450.00
•	1 OCT EOM PAY	1300.00
•	BALANCE	1750.00
•	1 OCT #2049 RENT	300.00
•	BALANCE	1450.00
•		
•		
•		



BOB JONES		2048
		DATE <u>29 Sep 19**</u>
PAY TO THE ORDER OF <u>AAFES</u>		\$ <u>200.00</u>
<u>Two Hundred and no/100</u> -----DOLLARS		
FIRST NATIONAL BANK		
<u>DPP Payment</u>	<u>Bob Jones</u>	
⑆00 2100 66⑆ 770⑆ 964076⑆ 2121		

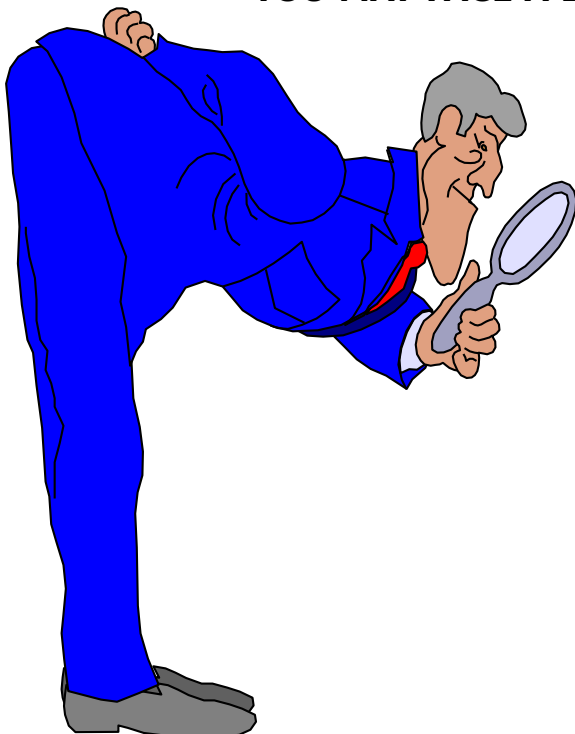
- ◆ **KEEP YOUR CHECKBOOK BALANCE CURRENT.**
- ◆ **WHEN YOU WRITE A CHECK RECORD IT IN YOUR CHECKBOOK IMMEDIATELY.**
- ◆ **REMEMBER TO DEDUCT ATM WITHDRAWALS!**
- ◆ **WRITE THE CHECK IN PERMANENT INK.**
- ◆ **DATE YOUR CHECK THE DAY IT IS WRITTEN.**
- ◆ **ALWAYS WRITE A NAME ON THE PAYEE LINE.**
- ◆ **SIGN YOUR CHECK LAST.**

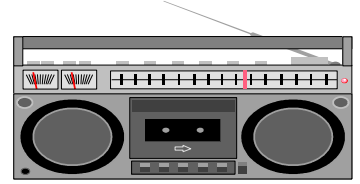
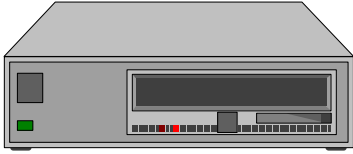
MOST IMPORTANT TO REMEMBER:

JUST BECAUSE YOU HAVE CHECKS DOESN'T MEAN YOU HAVE UNLIMITED FUNDS!!

PENALTIES FOR BAD CHECKS

- **SERVICE CHARGES ARE ASSESSED BY FINANCIAL INSTITUTIONS AND MERCHANTS FOR RETURNED CHECKS.**
- **YOUR CHAIN OF COMMAND GETS INVOLVED.**
- **YOU COULD RUIN YOUR CREDIT RATING.**
- **YOU MAY BE PLACED ON THE DISHONORED CHECK LIST AND HAVE CHECK WRITING PRIVILEGES SUSPENDED.**
- **YOU COULD RECEIVE AN OFFICIAL REPRIMAND.**
- **YOU COULD RECEIVE A NEGATIVE EVALUATION REPORT.**
- **YOU MAY FACE A REDUCTION IN RANK/GRADE.**
- **YOU MAY BE COURT-MARTIALED.**
- **YOU MAY FACE A BAR TO REENLISTMENT.**





CREDIT CARDS AND DEFERRED PAYMENT PLAN

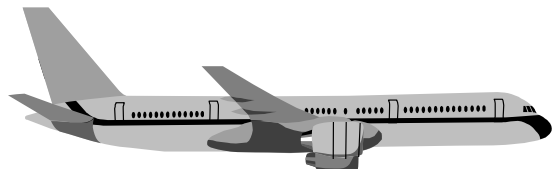
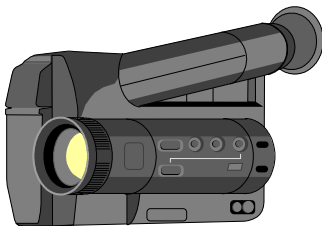
ADVANTAGES/DISADVANTAGES

- **CREDIT CARDS**

1. WORKS LIKE A LOAN
2. CHARGE NOW, PAY LATER
3. LIMITED AMOUNT AUTHORIZED
4. ACCEPTED WORLDWIDE
5. YEARLY FEES
6. MONTHLY PAYMENTS
7. USED WHEN NOT NECESSARY
8. MAY LEAD TO BAD SPENDING HABITS

- **DEFERRED PAYMENT PLAN**

1. ENJOY GOODS NOW, PAY LATER
2. MONTHLY PAYMENTS
3. TAX FREE/INTEREST CHARGED
4. LIMIT SET BY GRADE
5. UNPAID BILLS MAY BE DEDUCTED FROM PAY



MILITARY AND CIVILIAN SUPPORT AGENCIES

- **INFORMATION, REFERRAL and FOLLOW-UP PROGRAM (IR&F).**
- **RELOCATION ASSISTANCE PROGRAM (RAP).**
- **EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP).**
- **CONSUMER AFFAIRS AND FINANCIAL ASSISTANCE PROGRAM (CAFAP).**
- **FAMILY MEMBER EMPLOYMENT ASSISTANCE PROGRAM (FMEAP).**
- **FAMILY ADVOCACY PROGRAM (FAP).**
- **FOSTER CARE PROGRAM.**
- **THE OUTREACH PROGRAM.**



PERSONNEL QUALIFIED FOR ASSISTANCE

- **ACTIVE DUTY MILITARY PERSONNEL AND FAMILIES.**
- **RESERVE AND NATIONAL GUARD MEMBERS ON ACTIVE DUTY.**
- **NEXT OF KIN OF PRISONER OF WAR, MISSING IN ACTION FOR ALL SERVICES.**
- **RETIRED MILITARY PERSONNEL AND FAMILIES.**
- **WIDOWS, WIDOWERS AND NEXT OF KIN OF MILITARY PERSONNEL.**

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNING STATEMENT																		
ID	NAME LAST FIRST, MI. RICHARDSON, KEVIN A.				SSN 123-46-7889		GRADE E-7	PAYDATE 820130	YRS SVC 15	ETS 991203	BRANCH ARMY	ADSN DSSN 5570	PERIOD COVERED					
	ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY					
	TYPE AMOUNT				TYPE AMOUNT				TYPE AMOUNT				+AMT FWD					
A	BASE PAY 2175.30				FED TAXES 179.35				BOND #01 50.00				+TOT ENT					
B	BAH 471.17				FICA-SOC SEC 134.87				BOND #02 50.00									
C	BAS 228.16				FICA-MEDICARE 31.54				CFC ALLOT 3.00				-TOT DE					
D					STATE TAXES 78.87				AER ALLOT 3.00									
E					SGLI FOR 200,000 17.00								-TOT AL					
F					AFRH .50													
G					MID-MONTH-PAY 992.84								1333.66					
H																		
I													-CR FW					
J																		
K													=EOM F					
L																		
TOTAL				2874.63		1434.97						106.00						
LEAVE	BF BAL	ERND	USED	CR BAL	ETS BAL	LOST	PAID	USELOSE	FED TAXES	WAGE PER	WAGE YTD	MS	EX	ADDL TAX	TAXY TD			
	30	25	10	45	128.5	0	0	0		2175.30	5227.10			M	02			
FICA TAXES	WAGE PER		WAGE YTD		TAX YTD		MED WG YTD		MD TX YTD		STATE TAXES	ST	WG PER	WAGE YTD		MS	EX	TAX YTD
	2175.30		15227.10		944.09		15227.10		220.78				GA	2175.30		15227.10		M 02
PAY DATA	BAQ TYPE		BAQ DEPN		VHA ZIP		RENT AMT		SHARE STA		JFTR	DEPN	2D	BAS TYPE		CHARITY		TPC PACID
	SINGLE		SPOUSE		29207		695.00		1		R	0		REGULAR		27.00		ECM1PT40

REMARKS:																		
YTD ENTITLE 20512.03 YTD DEDUCT 3100.91																		
YOUR PAY/PERSONNEL FILE IS ROUTINELY MATCHED WITH STATE FILES TO IDENTIFY MEMBERS DELINQUENT IN CHILD SUPPORT PMTS.																		
BANK: THIRD NATIONAL BANK ACCT #: 6395886991																		
YOUR CURRENT STATE CLAIM IS: GEORGIA. PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSES. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH CORRECT STATE IMMEDIATELY.																		

**DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY NET PAY
ADVICE**

The amount in block 6 is your net pay for the payday indicated in block 4 and was sent to the financial organization in block 7 for credit to your account. When cashing a personal check at your financial organization on payday, advise your teller you are a participant in the Direct Deposit Program. It will help you with better service. If you are paid once a month or you do not have your pay sent to a financial organization for direct deposit, information in block 5 through 7 will not be present and this form is intended to provide you with the remarks information only.

1. MEMBER'S NAME AND ADDRESS 4. PAY DATE 15 JAN 98 SIMPSON, THOMAS C. PAY AMOUNT ECMIPT40 \$992.84 FORWARDED TO:	2. SSN 999-99-9999	3. ADDRESS 5570	4. SSN/DSSN 5570
	5. ACCOUNT NUMBER 6395886990	6. NET PAY 7. YOUR NET PAY WAS	
8. REMARKS THIRD NATIONAL BANK HINESVILLE, GA 31315-1211 EFFECTIVE JAN 1998, PREMIUMS FOR THE DENTAL PLAN INCREASED. PREMIUM FOR SINGLE COVERAGE IS \$7.19 AND \$17.97 FOR FAMILY COVERAGE. IN GEORGIA, SOUTH CAROLINA, FLORIDA, ALABAMA, MISSISSIPPI, LOUISIANA, AND TENNESSEE, THE TRICARE PROGRAM BEGAN 1 JULY 1996 FOR ELIGIBLE BENEFICIARIES. CALL 1-800-44-4554 FOR MORE INFORMATION.			

TYPE OF MILITARY PAY ENTITLEMENTS

- a. BASE PAY - PAY ALL SOLDIERS ARE ENTITLED TO WHILE ON ACTIVE DUTY.**
- b. SPECIAL PAY - ADDITIONAL PAY RECEIVED FOR MEETING A SPECIFIC REQUIREMENT IN ACCORDANCE WITH DEPARTMENT OF DEFENSE FINANCIAL MANAGEMENT REGULATION, VOL 7 THERE ARE SEVERAL DIFFERENT TYPES:**
 - 1. FOREIGN DUTY PAY**
 - 2. FOREIGN LANGUAGE PROFICIENCY PAY**
- c. INCENTIVE PAY - ADDITIONAL PAY RECEIVED FOR MEETING A SPECIFIC REQUIREMENT IN ACCORDANCE WITH DEPARTMENT OF DEFENSE FINANCIAL MANAGEMENT REGULATION, VOL, 7A. THERE ARE SEVERAL DIFFERENT TYPES:**
 - 1. HIGH ALTITUDE LOW OPENING PAY (HALO)**
 - 2. DEMOLITION PAY**

TYPE OF ALLOWANCES

d. BASIC ALLOWANCE FOR HOUSING (BAH) - AMOUNT OF MONEY PRESCRIBED AND LIMITED BY LAW WHICH AN OFFICER OR ENLISTED MEMBER RECEIVES TO PAY FOR QUARTERS NOT PROVIDED BY THE GOVERNMENT. BAH CONSISTS OF BOTH BASIC ALLOWANCE FOR QUARTERS (BAQ) AND VARIABLE HOUSING ALLOWANCE (VHA). THERE ARE SEVERAL TYPES OF BAQ:

- 1. PARTIAL BAQ**
- 2. BAQ/WITHOUT DEPENDENTS**
- 3. BAQ/WITH DEPENDENTS**

VHA IS PAYABLE TO ALL MEMBERS WHEN AUTHORIZED TO LIVE OFF POST AND GOVERNMENT HOUSING IS NOT AVAILABLE, WITHIN THE CONTINENTAL UNITED STATES AND THE DISTRICT OF COLUMBIA, IF AUTHORIZED FOR THAT AREA. IT IS PAYABLE FOR ADDED HOUSING EXPENSES.

e. BASIC ALLOWANCE FOR SUBSISTENCE (BAS) - A CASH ALLOWANCE BY LAW PAYABLE TO OFFICERS AT ALL TIMES AND TO ENLISTED PERSONNEL UNDER CERTAIN CONDITIONS. THERE ARE SEVERAL DIFFERENT TYPES AND RATES PAYABLE TO ENLISTED MEMBERS. THEY ARE:

- 1. SEPARATE RATIONS**
- 2. RATIONS IN KIND NOT AVAILABLE**

f. FAMILY SEPARATION ALLOWANCE (FSA) - PAYABLE ONLY TO MEMBERS WITH DEPENDENTS. THIS IS AN ADDITIONAL ALLOWANCE TO ANY ALLOWANCE THE MEMBER MAY BE ENTITLED. THERE ARE TWO TYPES:

- 1. FSA TYPE I**
- 2. FSA TYPE II**

g. COST OF LIVING ALLOWANCE - OCONUS (COLA) - PAYABLE IN OVERSEAS AREAS THAT ARE APPROVED BY THE SERVICES CONCERNED TO COMPENSATE FOR A HIGH COST OF LIVING.

h. COST OF LIVING ALLOWANCE - CONUS (COLA) - PAYABLE IN DESIGNATED U.S. HIGH COST AREAS.

i. OVERSEAS HOUSING ALLOWANCE (OHA) - PAYABLE IN OVERSEAS AREAS APPROVED BY THE SERVICES CONCERNED FOR THE PURPOSE OF RESIDING OFF BASE WHERE NO GOVERNMENT HOUSING IS PROVIDED.

j. CLOTHING MONETARY ALLOWANCE (CMA) - ANNUAL CASH REPLACEMENT ALLOWANCE AUTHORIZED FOR THE REPAIR AND REPLACEMENT OF MILITARY CLOTHING. THIS ALLOWANCE IS PAYABLE ONLY TO ENLISTED MEMBERS AT THE END OF THE MEMBER'S ANNIVERSARY MONTH OF INITIAL ENTRY TO ACTIVE DUTY.

k. OFFICER'S UNIFORM AND EQUIPMENT ALLOWANCE - PAYABLE UPON CALL TO ACTIVE DUTY FOR TRAINING.

MILITARY PAY ENTITLEMENTS ARE TAXABLE WHEN THEY END WITH THE WORD "PAY". BONUSES ARE ALSO TAXABLE BECAUSE THEY ARE A FORM OF BASE PAY.

MILITARY PAY ALLOWANCES ARE NOT TAXABLE.

DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNING STATEMENT																	
ID	NAME LAST FIRST, MI. RICHARDSON, KEVIN A.				SSN 123-46-7889		GRADE E-7	PAYDATE 820130	YRS SVC 15	ETS 15	BRANCH 991203	ADSN DSSN ARMY		PERIOD COVERED 5570			
	ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY				
	TYPE AMOUNT				TYPE AMOUNT				TYPE AMOUNT				+AMT FWD				
A	BASE PAY		2175.30		FED TAXES				179.35		BOND #01		50.00		+TOT ENT		
B	BAH		471.17		FICA-SOC SEC				134.87		BOND #02		50.00				
C	BAS		228.16		FICA-MEDICARE				31.54		CFC ALLOT		3.00				
D					STATE TAXES				78.87		AER ALLOT		3.00				
E					SGLI FOR 200,000				17.00								
F					AFRH				.50								
G					MID-MONTH-PAY				992.84								
H																	
I																	
J																	
K																	
L																	
TOTAL			2874.63		1434.97								106.00				
LEAVE	BF BAL	ERND	USED	CR BAL	ETS BAL	LOST	PAID	USELOSE	FED TAXES	WAGEPER	WAGEYTD	MS	EX	ADDL TAX	TAXY TD		
	30	25	10	45	128.5	0	0	0		2175.30	5227	10	M	02			
FICA TAXES	WAGE PER	WAGE YTD		TAX YTD	MED WG YTD		MD TX YTD		STATE TAXES	ST	WGPER	WAGE YTD	MS	EX	TAX YTD		
	2175.30	15227.10		944.09	15227.10		220.78				GA	2175.30	15227.10	M	02		
PAY DATA	BAQ TYPE		BAQ DEPN		VHA ZIP	RENT AMT	SHARE STA	JFTR	DEPN	2D JFTR	BAS TYPE		CHARITY		TPC	PACID	
	SINGLE		SPOUSE		29207	695.00	1	R	0		REGULAR		27.00			ECM1PT40	

REMARKS: <div> <div>YTD ENTITLE 20512.03</div> <div>YTD DEDUCT 3100.91</div> </div>																	
<div> <div>YOUR PAY/PERSONNEL FILE IS ROUTINELY MATCHED WITH STATE FILES TO IDENTIFY MEMBERS DELINQUENT IN CHILD SUPPORT PMTS.</div> <div>YOUR CURRENT STATE CLAIM IS: GEORGIA. PLEASE VERIFY YOUR STATE OF LEGAL RESIDENCE FOR STATE INCOME TAX PURPOSES. CONTACT YOUR PAYROLL OFFICE TO FILE A NEW DD FORM 2058 TO CHANGE/ESTABLISH CORRECT STATE IMMEDIATELY.</div> </div>																	
<div> <div>BANK: THIRD NATIONAL BANK</div> <div>ACCT #: 6395886991</div> </div>																	

OFFICE SYMBOL

ATSG-TD-EFS

**ASSIGNMENT/TERMINATION TO
FAMILY HOUSING**

ASSIGNMENT TO FAMILY HOUSING

TO: SEE DISTRIBUTION

FROM: HOUSING OFFICE

DATE: 18 DEC 1997

FT STEWART GA

**1. THE FOLLOWING INDIVIDUAL IS ASSIGNED/~~TERMINATED~~ GOVERNMENT FAMILY
QUARTERS:**

**NAME: RICHARDSON, KEVIN A.
RANK: SFC
SSAN: 123-46-7889
UNIT: HQ, 1ST BN/3RD BDE
ASSIGNED: ADEQUATE FAMILY HOUSING
ADDRESS: 1099 DRUM DR.
FT STEWART, GA 31314**

2. EFFECTIVE DATE 25 DEC 1997

3. AUTHORITY: AR 210-50

4. THIS MOVE IS FOR THE CONVENIENCE OF: ~~GOVERNMENT/~~ INDIVIDUAL/ ~~COMMAND~~

5. THIS ACTION ~~IS/~~ IS NOT TAKEN AS PART OF INTRAPOST MOVE.

**FOR THE
COMMANDER:**

/S/

**FLORENCE E. LEGGETT
C: FAM HSG MGT BR**

DISTRIBUTION:

**INDIVIDUAL 05
TRANSPORTATION 05
FINANCE OFFICE 02
UNIT 01
FILE COPY 01**

**** FOR INSTRUCTIONAL PURPOSE ONLY ****

PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		BLOCK NUMBER	
		INQUIRY NO	DATE
SECTION I (To be completed by soldier)			
NAME (Last, First, Middle) RICHARDSON, KEVIN A.	SSN 123-46-7889	GRADE SFC	
UNIT HQ, 1ST BN/ 3RD BDE, FT STEWART, GA 31314		PHONE NUMBER X 8225	
NATURE OF PAY INQUIRY (Be specific) I WAS ASSIGNED TO GOVERNMENT QUARTERS AS OF 25 JUN 1996. I AM STILL RECEIVING BAH.			
SECTION II (To be completed by Unit Commander)			
<input type="checkbox"/> 1. Supporting document(s) submitted and will be submitted to finance.		DATE	TL NUMBER
<input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment.			
<input type="checkbox"/> 3. Other (Specify)			
Signature of Unit Commander (or soldier as appropriate)			DATE
SECTION III (To be completed by Finance)			
PROBLEM	<input type="checkbox"/> Allotment <input type="checkbox"/> Entitlements <input type="checkbox"/> Collection <input type="checkbox"/> Leave <input type="checkbox"/> Nonreceipt Check <input type="checkbox"/> Nonreceipt LES <input type="checkbox"/> Other (Specify)		
INQUIRY ANALYSIS CAUSE			
<input type="checkbox"/> 1. Nonreceipt of document from Unit Commander. <input type="checkbox"/> 3. Document received - Finance did not process. <input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to UMPS cutoff. <input type="checkbox"/> 7. USAFAC		<input type="checkbox"/> 2. Late receipt of document from Unit Commander. <input type="checkbox"/> 4. Document received and processed but rejected on D UOL. <input type="checkbox"/> 6. Problem with prior station. <input type="checkbox"/> 8. Other (Specify) _____	
DESCRIPTION OF CAUSE AND ACTION TAKEN			
ACTION REQUIRED			
<input type="checkbox"/> DA Form 3684 <input type="checkbox"/> Local Payment <input type="checkbox"/> Other (Specify)		INQUIRY EVALUATION <input type="checkbox"/> Valid <input type="checkbox"/> Invalid	
DATE APPROVED/LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK	

Identify procedures to resolve pay inquiries

A. Steps in resolving pay problems:

- 1. Review your military leave and earnings statement. Compare last month's LES with the current month.**
- 2. Identify the pay entitlements and allowances.**
 - a. Verify that the Entitlement section of your LES is correct and all authorized is present.**
 - b. Verify that the Deduction section has the correct type of collection.**
 - c. Verify that the Allotments section has the correct type and amount of deduction.**
 - d. Verify that the Summary section has the correct amounts.**
 - e. Verify that the Leave section information is correct.**
 - f. Verify that the federal taxes section has the correct information.**
 - g. Verify that the FICA taxes section has the correct information.**
 - h. Verify that the state taxes section has the correct information.**
 - i. Verify that the Pay Data section is correct.**
- 3. Identify the pay problems with the LES you have just reviewed.**
 - a. The soldier is receiving partial BAQ. The Pay Data section shows the soldier has no dependents. The soldier states that he has two dependents and lives in government family type quarters.**
 - b. The soldier should not be receiving any BAQ because he lives in family type government quarters. His pay data information will be updated when input to stop BAQ is processed. Now that we have verified the information and identified that a pay correction is required, continue with procedures to resolve the pay inquiry.**

4. Notify the chain of command.

- a. Individual pay problems are screened at the unit level to determine the most effective method of resolving the soldier's inquiry. Commanders, 1SGs, Platoon Sergeants, and PAC Sergeants will make every effort to resolve a soldier's inquiry or suggest the most effective action to resolve the problem.**
- b. The Personnel Administrative Center (PAC) will complete and sign the Pay Inquiry Form. Individual soldiers should not handcarry a Pay Inquiry Form to the finance unit without processing it through their PAC.**

NOTE: The procedures for processing pay inquiries and corrections to soldiers' pay vary. One should always start with the PAC for further guidance on processing a Pay Inquiry.

5. Complete a Pay Inquiry (DA Form 2142).

NOTE: Some PACs will complete the form for you, others may require the soldier to complete the form.

a. Complete section 1:

- (1) Fill in your name.**
- (2) Fill in your Social Security Number.**
- (3) Fill in your Grade.**
- (4) Fill in your Unit address.**
- (5) Fill in your Unit phone number.**
- (6) Write a brief description of the nature of the Pay Inquiry.**
- (7) Attach a copy of your latest LES to show what action is required.**
- (8) Attach a copy of the supporting document(s) authorizing the action, if applicable.**

NOTE: We will not discuss the different types of documents required to establish specific entitlements or allowances, since these documents vary, depending on the nature of the inquiry.

- b. The commander or his/her designated representative will complete Part II. The PAC will either make input to correct the pay problem, or forward the pay inquiry to the servicing finance unit. If a local payment is requested or an appointment is necessary, the PAC will make an appointment with finance and the soldier will handcarry all documentation to the finance unit.**